

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
ACTIVE EMPLOYEES**

EFFECTIVE JULY 1, 2011 THROUGH DECEMBER 31, 2011:

**FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS,
& STATE - BU'S 02, 03, 04, 06, 07, 08, 13**

HSTA VEBA EMPLOYEES WHO OPTED TO TRANSFER TO EUTF PLANS - BU'S 05, 45

BU'S 05, 45 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

EFFECTIVE DECEMBER 1, 2011 THROUGH DECEMBER 31, 2011:

**FOR BOARD OF WATER SUPPLY, CITY & COUNTY OF HONOLULU, COUNTY OF KAUAI, HI PUBLIC CHARTER SCHOOLS,
& STATE - BU 01**

Benefit Plan	Type of Enrollment	Semi-Monthly Employee Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Total Contribution Required
MEDICAL PLANS					
EUTF PPO (HMA) - 90/10 Plan RSN Chiropractic	Self	\$78.54	\$157.08	\$157.06	\$314.14
	Two-Party	\$190.63	\$381.26	\$381.28	\$762.54
	Family	\$243.12	\$486.24	\$486.22	\$972.46
EUTF PPO (HMSA) - 80/20 Plan RSN Chiropractic	Self	\$75.98	\$151.96	\$151.96	\$303.92
	Two-Party	\$184.43	\$368.86	\$368.86	\$737.72
	Family	\$235.20	\$470.40	\$470.40	\$940.80
EUTF Prescription Drug (informedRx)	Self	\$17.70	\$35.40	\$35.42	\$70.82
	Two-Party	\$42.99	\$85.98	\$85.98	\$171.96
	Family	\$54.89	\$109.78	\$109.76	\$219.54
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	Self	\$106.53	\$213.06	\$213.08	\$426.14
	Two-Party	\$258.63	\$517.26	\$517.24	\$1,034.50
	Family	\$329.89	\$659.78	\$659.76	\$1,319.54
Kaiser Comprehensive Prescription Drug RSN Chiropractic	Self	\$95.30	\$190.60	\$190.62	\$381.22
	Two-Party	\$231.18	\$462.36	\$462.36	\$924.72
	Family	\$295.03	\$590.06	\$590.06	\$1,180.12
Kaiser Basic Prescription Drug RSN Chiropractic	Self	\$80.63	\$161.26	\$161.28	\$322.54
	Two-Party	\$195.55	\$391.10	\$391.10	\$782.20
	Family	\$249.58	\$499.16	\$499.16	\$998.32
EUTF Supplemental (HMSA) informedRx Prescription Drug RSN Chiropractic	Self	\$56.22	\$112.44	\$112.44	\$224.88
	Two-Party	\$136.51	\$273.02	\$273.04	\$546.06
	Family	\$174.12	\$348.24	\$348.22	\$696.46
Royal State Supplemental Prescription Drug RSN Chiropractic	Self	\$10.88	\$21.76	\$21.74	\$43.50
	Two-Party	\$26.75	\$53.50	\$53.48	\$106.98
	Family	\$30.23	\$60.46	\$60.46	\$120.92
EUTF High Deductible Health Plan (HMSA) Prescription Drug	Self	\$72.16	\$144.32	\$144.32	\$288.64
	Two-Party	\$175.38	\$350.76	\$350.74	\$701.50
	Family	\$223.83	\$447.66	\$447.64	\$895.30
DENTAL PLAN					
HDS Dental	Self	\$8.08	\$16.16	\$16.14	\$32.30
	Two-Party	\$16.16	\$32.32	\$32.30	\$64.62
	Family	\$26.59	\$53.18	\$53.16	\$106.34
VISION PLAN					
VSP Vision	Self	\$1.51	\$3.02	\$3.02	\$6.04
	Two-Party	\$2.80	\$5.60	\$5.58	\$11.18
	Family	\$3.65	\$7.30	\$7.32	\$14.62
LIFE INSURANCE					
Standard Life Insurance	Employee	\$0.00	\$0.00	\$4.16	\$4.16